



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

APPLICANT INFORMATION

Name <i>(Last, First, Middle)</i>		Social Security Number <div><div></div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div></div>	
Mailing Address		Telephone Number <i>(Include Area Code)</i> <div><div></div><div></div><div></div> - <div></div><div></div><div></div> - <div></div><div></div><div></div><div></div></div>	
City		State	ZIP Code
Title of Position(s) Applied For		List Location(s) in Missouri Where You Are Available for Employment	
Type of Position for Which You Are Available <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Have you any objection to this Agency making inquiry of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you were ever convicted of a law violation since age 16, describe such violation. <i>(Do not include traffic violations.)</i> _____			
If you were ever discharged or forced to resign from a job due to misconduct or unsatisfactory service, give name of employer, date, and reasons. _____			
The Department has a policy which does not permit appointing an individual who has fraudulently claimed Unemployment Insurance benefits. Your application will be checked against Agency records regarding this policy.			
SKILLS			
What office equipment can you operate efficiently? _____			
List software at which you are proficient _____			
Typing Speed Net WPM	Shorthand Speed WPM	Date of Last Test	Name of Administering Organization
Do you have any relatives employed by the Department of Labor and Industrial Relations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EDUCATION			
Years of Education Completed	High School Attended <i>(Name and Address)</i>	Dates of Attendance From: To:	
College Attended <i>(Name and Address)</i>		Dates of Attendance From: To:	
Total College Semester Hours	Major	Degree	
COPY OF TRANSCRIPT MUST BE ATTACHED			
CERTIFICATES/LICENSES			
Attach a copy of each certificate/license to practice a profession or occupation.			
MILITARY			
Active Duty <i>(Branch of Service)</i>		Dates of Service From: To:	

(Continue on Reverse)

EMPLOYMENT RECORD *(Begin with most recent)*

Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job _____ _____ _____ _____ _____ _____ _____
Employer _____		
Supervisor <i>(Name and Title)</i> _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
Reason for Leaving _____		

Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job _____ _____ _____ _____ _____ _____ _____
Employer _____		
Supervisor <i>(Name and Title)</i> _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
Reason for Leaving _____		

Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job _____ _____ _____ _____ _____ _____ _____
Employer _____		
Supervisor <i>(Name and Title)</i> _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
Reason for Leaving _____		

Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job _____ _____ _____ _____ _____ _____ _____
Employer _____		
Supervisor <i>(Name and Title)</i> _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
Reason for Leaving _____		

CERTIFICATION: I certify that the information provided herein is true and complete to the best of my knowledge. I understand that deliberate misrepresentation or omission of information is cause for rejection of my application or subsequent dismissal from employment.

Signature _____

Date _____